									Application or Docket Number					
PATENT-APPLICATION FEE DETERMINATION RECORD Effective October 2001													-011	
(Column 1) (Column 2)								SMACL TYPE	ENTIT	Ý ·	OR	OTHER SMALL		
TC	TOTAL CLAIMS		110					RATI	F	EΕ	1	RATE	FEE	
FC	OR		NUMBER FILED		NUMBER EXTRA			BASIC	EE 370	0.00	OR	BASIC FEE	740.00	
τc	TOTAL CHARGEABLE CLAIMS		// minus 20=		. 40			X\$ 9	=		OR	X\$18=	1620	
INDEPENDENT CLAIMS		7 minus 3 =		4			X42:	-		OR	X84=	536		
MULTIPLE SEPENDENT CLATTER			JENT					+140	_		OR	+28G=	<u> </u>	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	L	\dashv	OR	TOTAL	269	
5	5/12 CLAIMS AS AMENDED - PART II											OTHER		
4		(Column 1)		(Colur		(Column 3)	,	SMAL	L ENTI		OR ,	SMALL		
ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	AD TIO	NAL		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	291	Minus	#//	10	= /		X\$ 9-	=		OR	X\$18=		
AME	FIRST PRESENTATION OF MI		Minus		<u> </u>			X42=			OR	X84=		
_	rinoi Phese	AST THESE MIANON OF MOETIFEE DEPENDENT COMM						+140=	=		OR	+280=		
									AL EE		OR,	TOTAL ADDIT, FEE		
		(Column 1)		(Colur		(Column 3)								
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADI TIOI FE	VAL		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total		Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	NTATION OF ML	Minus	est ENDENT	CLAIM	=		X42=			OR	X84=	-	
	rina) rnese	NIAHON OF MIL	JCNPCE DEP	CIADEIAI	CLARIN		' [+140=			OR	+280=		
						•	2	TOTA DOIT. PE			OR,	TOTAL ADDIT, FEE		
	,	(Column 1)		(Colur		(Column 3)				_				
IDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=)	X\$ 9=		\neg	OR	X\$18=		
AME	Independent	•	Minus	***		=	 	X42=	\top		OR.	X84=		
	FIRST PRESE	NTATION OF M	JETIPLE DEF	PENDENT	CLAIM		!		+-	7				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										 °	OR	+280=		
	If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT. FEE THIS "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											TOTAL ODIT, FEE		
	The 'Highest Nun	nber Previously Pai	d For (Total or	Independe	ent) is the	highest number	er four	nd in the	appropria	le box i	in cah	JMD 1.		
								_						

FORM PTO-875 (Rev. 8/01)

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